

2010 Summer Program Registration

PLEASE RETURN THIS FORM TO TRURO RECREATION WITH YOUR CHECK OR CASH.

Child's Name: _____ DOB: _____ Age: _____

Gender: _____ School: _____ Grade (in Fall 2010): _____

Local Address (Including town, if other than Truro): _____

Year-Round Residential Address (Including town, if other than Truro): _____

Mailing Address (Including town, if other than Truro): _____

Parent/Guardian (1): _____

Home Phone (1): _____ Cell Phone (1): _____

Work Phone (1): _____ Email (1): _____

May we contact you by email with Rec Info? Yes____ No____

Parent/Guardian (2): _____

Home Phone (2): _____ Cell Phone (2): _____

Work Phone (2): _____ Email (2): _____

May we contact you by email with Rec Info? Yes____ No____

Other people your child can be released to:

Child's Physician: _____ Physician's Phone: _____

Emergency Contact (1) (If above contacts cannot be reached): _____

Relationship to child (1): _____ Contact's Phone(1): _____

Emergency Contact (2) (If above contacts cannot be reached): _____

Relationship to child (2): _____ Contact's Phone(2): _____

Please indicate your child's comfort level in the water:

☐ Great Swimmer ☐ Good Swimmer ☐ Ok Swimmer ☐ Afraid of the Water ☐ Poor Swimmer

PLEASE NOTE: THE FOLLOWING QUESTIONS ARE USED ONLY TO HELP TRURO RECREATION APPROPRIATELY ACCOMMODATE PARTICIPANTS TO THE BEST OF THE DEPARTMENT'S ABILITY.

Please indicate on the lines below if your child has any allergies, health concerns, significant medical history, medical equipment (pace makers, hearing aids, etc.), or special needs (activity restrictions, phobias, unable to be photographed, etc.). Also indicate if there are any individuals that are *not* allowed near your child:

**Please note above if your child's images CANNOT be used in promotional materials.

Will your child require any special accommodations to participate in the Summer Program?

Yes____ No____

I give permission for Truro Recreation staff members to apply the following to my child**:

____ Sunscreen _____ Insect Repellent _____ Neither

**I understand that the staff prefers children to apply these items to themselves, but will assist my child if necessary and if I have given my permission above. I also understand that Truro Recreation is not responsible for any sun burns or insect bites that occur while the child is in care, but staff will always do their best to prevent sun burns or insect bites from occurring.

CONSENT AND RELEASE

By signing this permission form for my child to participate in the Truro Recreation Summer Program, I agree to the following:

I understand that Truro Recreation has the right to suspend or expel the participant from the program if, at any time, the participant's involvement jeopardizes the safety (emotional or physical) of other participants, staff, or volunteers.

All fees collected by Truro Recreation are NON-REFUNDABLE.

Truro Recreation is not responsible for children before the designated drop-off time and after the designated pick-up time.

I agree to have my child picked up immediately in the event of being summonsed by staff for reasons including, but not limited to, emotional or behavioral issues, illness, or injury.

I give permission for my child to receive medical treatment in the event of injury while participating in the program;

I have noted above if my child's image CANNOT be used in promotional materials. No indication means that my child's image CAN be used in promotional materials for the Recreation Department.

I, the undersigned parent/ guardian of the minor child named above, hereby consent to the child's participation in the below listed recreation program(s) conducted, supervised, sponsored, or otherwise controlled by the Town of Truro and the Truro Recreation Commission for the duration of the Program. In consideration of the Town admitting the child to this program or event, I agree on behalf of the child and myself to release the Town and Commission, and their respective officers, employees (including volunteer staff) and agents from and against all liability, loss, damage, costs, and claims which may arise by reason of personal injury or property damage arising from the child's participation in the below referenced activities, and I also agree to indemnify and hold harmless the Town and Commission and their respective officers and employees (including volunteer staff) and agents from and against all liability, loss, damage, and costs that the Town of Commission may incur by reason of claims for personal injury or property damage arising from the child's participation in the below referenced activity. "Participation" is deemed to include daily program activities, field trips, and transportation to and from the same.

I further affirm that I have read and understand the contents of this form. I understand that my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs.

(Date)

(Signature of Parent/Guardian)

Please check the times you would like your child to participate. Please note that registrations are considered on a first-come, first-serve basis and that spaces for some programs may be limited.

MORNING PROGRAM (8:00 am- 12:30 pm):

- ☐ Entire Summer
- ☐ One Week...Which Week(s)? _____
- ☐ Individual Day...Which Day(s)? _____

AFTERNOON PROGRAM (12:30 pm- 4:00 pm):

- ☐ Entire Summer
- ☐ One Week...Which Week(s)? _____
- ☐ Individual Day...Which Day(s)? _____

PRE-SEASON PROGRAM:

- ☐ June 24 (TH) ☐ June 25 (F) ☐ June 28 (M) ☐ June 29 (T) ☐ June 30 (W) ☐ July 1 (TH) ☐ July 2 (F)

POST- SEASON PROGRAM:

- ☐ August 30 (M) ☐ August 31 (T) ☐ September 1 (W) ☐ September 2 (TH) ☐ September 3 (F)

I AM A... ☐ Resident** ☐ Non-Resident

** Participants are only eligible for the resident fee if their parents/guardians own property in Truro or if they live in Truro year-round.